State of Maine FISCAL YEAR 2011 STATE HOMELAND SECURITY GRANT PROGRAM SUMMARY and NARRATIVE

Enter information in all required fields. Amount totals will fill in automatically as you fill in equipment, training, exercise or planning sections. When the entire application is complete, press SUBMIT to send the application via e-mail. Sign and submit this signature page separately via e-mail or FAX, following the instructions below.

| Applicant Jurisdiction: | DUNS | S # |
|--|---|---|
| Mailing Address: | | |
| City: | State: | Zip: |
| Point of Contact: | Title: | |
| Business Telephone: | Email Address: | |
| Total Population served by this application (see Guidance) | | |
| Type of Grant | | Amount |
| Interoperable Communications Equipment | | 7 till Galle |
| Other Homeland Security Equipment | | |
| Training | | |
| Exercise | | |
| Planning | | |
| TOTAL | | |
| This jurisdiction is applying for: Interoperable Communications Equipment Other Homeland Security Equipment Training Exercise Planning Certification: The requesting jurisdiction understands that this graupon approval of this grant request, the jurisdiction submit invoices to MEMA for payment. Payment will above the amount of the grant award will not be rein basis. We further understand that the jurisdiction multipurchases prior to February 28, 2014. | may incur costs against the I be made on actual costs, nbursed except on a pre-ap | e grant award and except that costs oproved, case-by-case |
| 0 | Date: | |
| (town/city manager or Chief Elected Official) | | |
| Name: | Title: | |

Print and sign this page. After it has been signed, FAX the page to 207-287-3180 attn: Debbe Sullivan-Alley OR scan the page and email scanned copy to hsgrants.maine@maine.gov.

State of Maine FISCAL YEAR 2011 STATE HOMELAND SECURITY GRANT PROGRAM SUMMARY and NARRATIVE

Please answer the following questions addressing all the forms of assistance the jurisdiction is requesting (equipment, planning, training, exercise).

| NIMS Compliance: | |
|--|--------------------------------|
| Formal Adoption (proclamation, resolve, ordinance, etc) Current County/Local Emergency Operations Plan (EOP) NIMSCAST Registration NIMS Compliancy Score a | |
| SARA Title III / Hazardous Materials Reporting Compliance: | |
| Has jurisdiction filed all inventory reports and paid all fees required State Law? | under SARA Title III and Maine |
| Yes No No N/A (No reportable chemicals) | |
| Area of Priority (per MEMA Grant Guidance) | |
| All Hazards Emergency Planning Improve Critical Infrastructure Protection Provide WMD/Terrorism/HAZMAT response training to first response training | enter |
| Project Narrative/Description: | |

Project Narrative/Description:

Use the space provided on the following two pages to describe the project(s) that are being requested.

The applicant should clearly indicate how the proposal will help to implement the State Homeland Security Strategy (SHSS), and which objective(s) of the State Strategy that will be addressed by the grant request.

The applicant should also describe how, if at all, the proposed project can be divided into phases or stages. Phases or stages should be listed in priority order in the event that the project can only be partially funded.

Summary/Narrative

| What process was used to determine the unmet needs of the jurisdiction? |
|---|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| / What immet needs will the reduested assistance address / Willinerabilities) |
| 2. What unmet needs will the requested assistance address? (Vulnerabilities) |
| 2. what unmet needs will the requested assistance address? (vulnerabilities) |
| 2. What unmet needs will the requested assistance address? (Vulnerabilities) |
| 2. what unmet needs will the requested assistance address? (vulnerabilities) |
| 2. what unmet needs will the requested assistance address? (vulnerabilities) |
| 2. what unmet needs will the requested assistance address? (vulnerabilities) |
| 2. what unmet needs will the requested assistance address? (vulnerabilities) |
| 2. what unmet needs will the requested assistance address? (Vulnerabilities) |
| 2. What unmet needs will the requested assistance address? (Vulnerabilities) |
| 2. What unmet needs will the requested assistance address? (Vulnerabilities) |
| 2. What unmet needs will the requested assistance address? (Vulnerabilities) |
| 2. What unmet needs will the requested assistance address? (Vulnerabilities) |
| 2. What unmet needs will the requested assistance address? (Vulnerabilities) |
| 2. what unmet needs will the requested assistance address? (vulnerabilities) |
| 2. what unmet needs will the requested assistance address? (Vulnerabilities) |

Summary/Narrative

| 3. How will the equipment purchase or planned activity enhance all-hazard preparedness as well as preparedness for the effects of the use of weapons of mass destruction? (Risks) | |
|---|--|
| propared for the energy of the dec of made accuration. (Filesto) | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4. How does the proposal enhance or build upon previous Homeland Security investments made by the jurisdiction (through prior HS Grants or other means)? | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Summary/Narrative

| 5. How were the needs of regional and/or mutual aid partners considered in the formulation of this request? |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| 6. What is the jurisdiction's maintenance plan or future investment strategy to ensure long term success of the proposed project(s)? |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

| ☐ Intero | nerable | Communications | Faui | nment |
|----------|---------|----------------|------|----------|
| | perable | Communications | ∟qui | PIIIGIIL |

Please list types, amounts and cost of the communications equipment the jurisdiction plans to purchase.

| Category (from Current AEL) | Item Description | Unit Cost | Qty | Total | Department Allocation |
|--------------------------------|------------------|--------------|--------|-------|--------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Total: | | |

| ☐ Interoperable Communications Equipment | | |
|---|-------------------------|----------------|
| Describe the inventory and maintenance plan for this equipment (where maintained, etc.) | e will it be housed, h | now will it be |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Quotes: Enter quote amounts below. | | |
| Applicants must provide at least three quotes from different vendors m | ust be provided via | a scanned |
| copy in an email to hsgrants.maine@maine.gov OR via fax to 207-287-3 | 180 attention Debbe | Sullivan- |
| Alley or clearly describe how the jurisdiction's own established purcha followed. If three quotes are not provided, clearly describe why they are | | ements were |
| | | |
| Failure to provide quotes or clear explanations for the lack of quotes we not being scored and the package will not be considered. | illi result in the gran | таррисатіоп |
| | | |
| | | T |
| Vendor | Amount | Selected? |
| Vendor | Amount | Selected? |
| Vendor | Amount | Selected? |
| Explanation of Quotes and/or Additional Information (entry is required if provided) | | |
| Explanation of Quotes and/or Additional Information (entry is required if | | |
| Explanation of Quotes and/or Additional Information (entry is required if | | |
| Explanation of Quotes and/or Additional Information (entry is required if | | |
| Explanation of Quotes and/or Additional Information (entry is required if | | |
| Explanation of Quotes and/or Additional Information (entry is required if | | |
| Explanation of Quotes and/or Additional Information (entry is required if | | |
| Explanation of Quotes and/or Additional Information (entry is required if | | |
| Explanation of Quotes and/or Additional Information (entry is required if | | |
| Explanation of Quotes and/or Additional Information (entry is required if | | |
| Explanation of Quotes and/or Additional Information (entry is required if | | |
| Explanation of Quotes and/or Additional Information (entry is required if | | |
| Explanation of Quotes and/or Additional Information (entry is required if | | |

State of Maine FISCAL YEAR 2011 STATE HOMELAND SECURITY GRANT PROGRAM OTHER HOMELAND SECURITY EQUIPMENT PURCHASE

Please list types, amounts and cost of the equipment the jurisdiction plans to purchase.

| Category (from Current AEL) | ltem | Unit Cost | Qty | Total | Department Allocation |
|--------------------------------|------|--------------|--------|-------|--------------------------|
| (nom canone/122) | | | ۷., | 10141 | 7 1100001011 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Total: | | |

| ☐ Other Homeland Security Equipment | | | |
|--|--|-----------|-------|
| Describe the inventory and maintenance plan for this equipment (wher maintained, etc.) | e will it be housed, h | now will | it be |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Quotes: Enter quote amounts below. | | | |
| Applicants must provide at least three quotes from different vendors in copy in an email to hsgrants.maine@maine.gov OR via fax to 207-287-3 Alley or clearly describe how the jurisdiction's own established purchas followed. If three quotes are not provided, clearly describe why they are | 3180 attention Debbe using rules or require | Sulliva | n- |
| Failure to provide quotes or clear explanations for the lack of quotes w | vill result in the gran | t applica | ntion |
| not being scored and the package will not be considered. | _ | | |
| not being scored and the package will not be considered. | Amount | Selecte | |
| | Amount | Selecte | |
| not being scored and the package will not be considered. | Amount | Selecte | |
| not being scored and the package will not be considered. | | | ed? |
| Vendor Explanation of Quotes and/or Additional Information (entry will be required) | | | ed? |
| Vendor Explanation of Quotes and/or Additional Information (entry will be required) | | | ed? |
| Vendor Explanation of Quotes and/or Additional Information (entry will be required) | | | ed? |
| Vendor Explanation of Quotes and/or Additional Information (entry will be required) | | | ed? |
| Vendor Explanation of Quotes and/or Additional Information (entry will be required) | | | ed? |
| Vendor Explanation of Quotes and/or Additional Information (entry will be required) | | | ed? |
| Vendor Explanation of Quotes and/or Additional Information (entry will be required) | | | ed? |
| Vendor Explanation of Quotes and/or Additional Information (entry will be required) | | | ed? |
| Vendor Explanation of Quotes and/or Additional Information (entry will be required) | | | ed? |

State of Maine FISCAL YEAR 2011 STATE HOMELAND SECURITY GRANT PROGRAM TRAINING

Provide an overview of the jurisdiction's overall training program and objectives below. For each training program that is being requested, enter the requested detailed information on the following pages.

PLEASE NOTE: Overtime costs must be in accordance with local jurisdiction rules. Instructor fees must be in line with the state-established guidelines. All costs are auditable and must be fully documented.

Description of overall training program (required). Include any special objectives or justification:

Enter the details for each requested course on the following pages. Space is provided for up to 4 separate courses. If requesting multiple deliveries of the same course, please summarize the information into one entry (include total numbers of attendees and total costs for all offerings of the same course).

| □ manning | | | |
|--|--|--|--|
| Course #1: | | | |
| | DHS/NIC Course Catalog): | | |
| Training Provider: | | Projected Date(s): | |
| Program Length: | hours. | Location: | |
| Estimated Number of | Students: | Will overtime be reimbursed for ☐ Yes ☐ No If yes, please inc | |
| Firefighters EMA County/Local LEPC members | | EMS Providers | ospital Personnel isiness/Non-profit partners |
| supplies, facility, etc. | | | ,, |
| Туре | Description | | Amount |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Cost per student: | | Total estimated cost: | |
| Course #2: | | | |
| | DHS/NIC Course Catalog): | | |
| Training Provider: | | Projected Date(s): | |
| Program Length: | hours. | Location: | |
| | | Will overtime be reimbursed for course attendance? | |
| Estimated Number of | Students: | ☐Yes ☐ No If yes, please inc | |
| | (who will be attending the course, | check all that apply): | - |
| Firefighters | | | ospital Personnel |
| ☐ EMA County/Local☐ LEPC members | ☐ Public Officials ☐ Others (specify): | Industry Responders | siness/Non-profit partners |
| | elated to specific training activity, e. | g. instructor fees, overtime, back | fill, travel, materials. |
| supplies, facility, etc. | | 9 | in, individuals, |
| Туре | Description | | Amount |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Cost per student: | | Total estimated cost: | |

Training

| ☐ Training | | | |
|--|--|--|--|
| Course #3: | | | |
| Program name (from | DHS/NIC Course Catalog): | | |
| Training Provider: | | Projected Date(s): | |
| Program Length: hours. | | Location: | |
| Estimated Number of | | Will overtime be reimbursed for ☐Yes ☐ No If yes, please inc. | |
| ☐ Firefighters ☐ EMA County/Local ☐ LEPC members | | EMS Providers | spital Personnel siness/Non-profit partners |
| supplies, facility, etc. | | g. matructor rees, overtime, buck | ini, traver, materials, |
| Туре | Description | | Amount |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Cost per student: | | Total estimated cost: | |
| Course #4: | | | |
| | DHS/NIC Course Catalog): | | |
| Training Provider: | 2110/1110 00u100 0utu10g/. | Projected Date(s): | |
| Program Length: | hours. | Location: | |
| | will overtime be reimbursed for course attendance | | |
| | (who will be attending the course, o | Yes No If yes, please inc | lude in budget |
| ☐ Firefighters ☐ EMA County/Local ☐ LEPC members | ☐ Law Enforcement ☐ ☐ Public Officials ☐ ☐ Others (specify): | EMS Providers | spital Personnel siness/Non-profit partners |
| Budget: (expenses re supplies, facility, etc. | elated to specific training activity, e.() | g. ınstructor fees, overtime, back | fill, travel, materials, |
| Туре | Description | | Amount |
| | <u> </u> | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Cost per student: | | Total estimated cost: | |

Total for all requested training:

| $\overline{}$ | l |
|---------------|-----------|
| | Fyercise |
| | - XELLISE |

State of Maine FISCAL YEAR 2011 STATE HOMELAND SECURITY GRANT PROGRAM EXERCISE

Provide all information describing the jurisdiction's overall exercise plan. Enter the exercise budget on the following pages. PLEASE NOTE: All purchases and reimbursements must meet State guidelines.

| Exercise Point of Contact(s): | | | |
|---|--------------------------|--------------------|----------------------|
| Describe the jurisdiction's exercise plan. Include a summary of the activities such as workshops, tabletops, functional, full-scale, etc. that will be conducted. | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Please indicate the type of the exerci | se activity(ies) request | ed (check all that | t annly): |
| Exercise Planning Workshop | Seminar Seminar | ☐ Tabletop | □ Drill |
| Functional/Command Post | ☐ Full-Scale | | |
| <u>=</u> | i uii-ocale | | |
| Other (specify): Please indicate the types of jurisdicti | ons involved in the exe | ercise program (c | check all that apply |
| Local jurisdiction ONLY | ☐ Mutual Aid commun | | County EMA/LEPC |
| Additional Counties/ Regions | ☐ State agencies) | [| ☐ Federal Agencies: |
| ☐ Tribal Nations | Additional States: | [| Canadian Provinces: |
| Business/Non-profit partners | Other (specify below | ν)· | Canadian i Tovinces. |
| List the jurisdictions and partner organic | _ | , | program: |
| | am-adono participating | | p. 09. u |
| | | | |
| What is the focus of the exercise pro- | gram (check all that an | nlv) | |
| ☐ Prevention and deterrence | Response | P-37 | Recovery |
| Please indicate the scenario type (ch | | | |
| Chemical | Biological | ☐ Radiological | Nuclear |
| Explosive | ☐ Agriculture | ☐ Cyber | _ |
| ☐ Natural Hazard (specify) | _ 0 | _ , | |
| Other (specify) | | | |
| Does this exercise program meet oth | er Federal (non-DHS) o | r State program | requirements? |
| ☐ Yes ☐ No If yes, please list and | • | | - |
| | - | | |

| ☐ Exercise | |
|---|-----------------------------------|
| Will the exercise program be used to prepare for a specific special event? | |
| ☐ Yes ☐ No If yes, please explain | |
| | |
| Please explain how the proposed exercise plan relates directly to the State Ho Priority and State Multi-year Exercise Plan: | meland Security Strategy Areas of |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Have any direct support exercises been provided to the Jurisdiction since 200 | |
| No Yes <i>If Yes</i> : Number of Discussion-Based Exercises: Number of What is the estimated number of participants? (for each level of exercise, and | Operations-Based Exercises: |
| Triat is the estimated number of participants. (for each level of exercise, and | iii totali, |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| ☐ Exercise | | | |
|------------------------|-------------------------|---------------------------|------|
| Exercise Budget: | | | |
| Exercise Activity | Item | Description/Purpose | Cost |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Total: | |
| All purchases and expe | enditures must meet Sta | te and federal guidelines | |
| | | 3 | |
| Additional comments: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| □ Planning |
|------------|
|------------|

State of Maine FISCAL YEAR 2011 STATE HOMELAND SECURITY GRANT PROGRAM PLANNING

Provide the information below describing the jurisdiction's overall planning objectives and projects. Then provide the planning budget. PLEASE NOTE: All purchases and reimbursements must meet State guidelines.

| What planning project(s) will this request support? Please check all that apply: |
|---|
| ☐ Emergency Operations Planning ☐ Evacuation Planning |
| ☐ Debris Management/Recovery Planning ☐ School/School District Emergency Planning |
| ☐ Shelter Management Planning |
| Other (please specify): |
| Describe the objectives of the planning project. |
| Describe the objectives of the planning project: |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

| ☐ Planning | | | |
|--|---|------|--|
| What jurisdictions or partners are involved in the planning process? | | | |
| Are the plan(s) to be developed | (check either or both): | | |
| ☐ New plans | ☐ New plans ☐ Updates of existing plan(s) | | |
| How will the planning project be | e carried out (check all that apply)? | | |
| ☐ Additional personnel hired | ☐ Additional hours for current staff | | |
| ☐ Contractor will be engaged | ☐ Additional duty for current staff (no new personnel cost) | | |
| Include all staffing and contract costs | in budget | | |
| Planning Budget: | | | |
| Item | Description/Purpose | Cost | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Total: